

**HOTEL RESERVATION FORM**

Toll Free Reservations: 1-800-325-7171
Worldwide Direct: 808-921-6870

Toll Free Fax: 1-800-663-5779
Direct: 808-921-6849

Bioterrorism Preparedness Conference
February 15, 2006 to February 19, 2006

Property Information:

PROPERTY	CATEGORY/RATE	DESCRIPTION
OHANA Waikiki Beachcomber 2300 Kalakaua Avenue Honolulu, HI 96815 (808) 922-4646	Partial Ocean View \$149.00 Plus Tax	The OHANA Waikiki Beachcomber Hotel is centrally located and just steps away from Waikiki Beach. The Royal Hawaiian Shopping Center is just across the street. Rooms are decorated in soft tropical colors and include refrigerator, safe, air-conditioning, phone with voice messaging, color television, contemporary armors, hair dryer and lanai.

Applicable Taxes: State Excise Tax 4.166% and Transient Accommodations Tax 7.25% = Total Hotel Taxes 11.416%
(Subject to change without further written notice) Room rate with Tax: \$166.01

ARRIVAL DATE: _____ DEPARTURE DATE: _____

NAME: _____ SHARE WITH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE#: _____ FAX #: _____

Arrival flight # & time: _____ Departure flight # and time: _____

To better service you, its important for us to receive your arrival and departure flight information.

- ♦ Check In time is 3:00 p.m., Check Out time is 12:00 noon.
- ♦ INDIVIDUAL GUEST WILL BE RESPONSIBLE FOR HOTEL BELL PERSON SERVICES (Current industry rate is \$6.25 per person, round trip, inclusive.)
- ♦ DEADLINE: Final day for reservation is : January 2, 2006
- ♦ CANCELLATION: Reservations must be canceled no later than 10 days prior to your arrival date to avoid forfeiture of deposit.
- ♦ DEPOSIT DUE WITHIN 5 DAYS OF RESERVATION. ONE NIGHT ROOM AND TAX (\$166.04) REQUIRED BY PERSONAL CHECK. Pay to the order of OHANA Waikiki Beachcomber. Credit card payment also acceptable - please fill in credit card information below and sign.

CREDIT CARD INFORMATION: Amount: _____ Today's Date: _____

CARDHOLDER NAME (Exactly as printed on card): _____

TYPE OF CARD: _____ EXPIRATION DATE: _____ CCV/CID#: _____

CARD NUMBER: _____

CREDIT CARD BILLING ADDRESS: _____

Signature of Card Holder _____

Call us if you have any questions at 800-325-7171 or 808-921-6870.